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Bib Data Sheet

CONFIRMATION NO. 9185

<b>SERIAL NUMBER</b> 10/043,497	<b>FILING OR 371(c) DATE</b> 01/11/2002 <b>RULE</b>	<b>CLASS</b> 725	<b>GROUP ART UNIT</b> 2623	<b>ATTORNEY DOCKET NO.</b> PU010223
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**APPLICANTS**  
 Michael Anthony Pugel, Noblesville, IN;  
 Kevin Paul McReynolds, Noblesville, IN;  
 Robert Andrew Rhodes, Carmel, IN;  
 Wesley John Boyd, Cedar Rapids, IA;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/305,218 07/13/2001 and claims benefit of 60/305,193 07/13/2001  
 and claims benefit of 60/327,551 10/02/2001  
 and claims benefit of 60/327,529 10/02/2001 *Hay*  
 and claims benefit of 60/327,550 10/02/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*N/A* *Hay*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 02/20/2002**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>Hay</i> Initials <i>Hay</i>	<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
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**ADDRESS**  
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 2 INDEPENDENCE WAY  
 P.O. BOX 5312  
 PRINCETON, NJ08543-5312

**TITLE**  
 Multimode downstream signal processing in a bi-directional communications device

<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/20/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 10  <b>INDEPENDENT CLAIMS</b> 1
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